



Office of the  
United States  
Global AIDS  
Coordinator

# COUNTRY PROFILE

HIV/AIDS

## NAMIBIA

Namibia is one of the most sparsely populated countries in Africa. With a total population of 1.8 million, the country has an estimated 250,000 HIV infected individuals. Namibia has a severe, generalized HIV epidemic. HIV transmission is primarily through heterosexual contact or during birth, and at-risk populations include

migrant workers, truckers, the military, young women and girls along transportation routes, commercial sex workers, sexually active youth, and orphans and vulnerable children. The HIV seroprevalence among pregnant women has grown rapidly, from 4.2 percent in 1992, to 22 percent in 2002. There is no significant difference between rural and urban antenatal seroprevalence and the overall prevalence of HIV is estimated at 17.9 percent (12.5 percent males, 18.9 percent females). Namibia's tuberculosis case rate of 628 cases per 100,000 is the highest in the world, with HIV coinfection estimated at greater than 60 percent. Tuberculosis continues to be the leading cause of death for people with HIV/AIDS, even with the availability of antiretroviral therapy. Additionally, in spite of per capita gross domestic product of \$1,173, Namibia has one of the world's highest rates of income disparity.

HIV/AIDS Epidemic in Namibia	
HIV Prevalence in Pregnant Women (2002)	22.0%
Estimated Number of HIV-Infected People	250,000
Estimated Number of Individuals on Antiretroviral Therapy	1,000 (in public facilities); 2,600 (in the private sector)
Estimated Number of AIDS Orphans	93,100

## U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Namibia. Under the Emergency Plan, Namibia will receive \$21.2 million in 2004 to support a comprehensive treatment, prevention, and care program.

### Treatment

The U.S. Government program in 2004 will help increase the number of those on antiretroviral therapy by supporting the integration of antiretroviral treatment and services in antenatal clinics to treat mothers and their babies. It will also improve the capacity of the pharmaceutical supply system to handle the increased demand for antiretroviral therapy; provide CD4, viral load testing, and laboratory monitoring; and develop a system to monitor antiretroviral drug utilization.



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Map of Namibia: PCL Map Collection, University of Texas

## **Prevention**

U.S. Government resources will focus on lowering the rate of mother-to-child HIV transmission by supporting infrastructure improvements and providing personnel, counseling facilities, educational materials, training, and management in 35 hospitals. The program will increase the capacity of school-based, faith-based, and work-based programs for youth and families to provide prevention education that encourages delay of sexual debut, abstinence, faithfulness, and responsible decision-making. Other prevention efforts will focus on HIV-prevention education, HIV counseling and testing of those with sexually transmitted infections, and increasing condom use among military personnel, truckers, border officials, and sex workers.

## **Care**

HIV clinical care and support activities will focus on increasing HIV testing for individuals infected with tuberculosis; improving the ability of staff to provide non-antiretroviral care for those with HIV; and linking non-antiretroviral care and therapy to counseling and testing services. HIV testing will be expanded through new and existing voluntary counseling and testing sites. U.S. Government efforts will also promote rapid testing and will support training curriculum development.

Palliative care, managed primarily by faith-based organizations, will be funded through the U.S. Government program, and great effort will go toward strengthening these groups' management capacity, identifying new partners, increasing coverage, developing curricula, and procuring home-based care kits for existing home- and community-based palliative care programs.

## **Other**

U.S. Government funding will help establish or expand management information systems to accurately count the number of people on antiretroviral therapy and the number of women receiving treatment to prevent transmission of HIV to their unborn children. This effort will include such strategic information services as sentinel surveillance, population and facility surveys, health management information systems, program monitoring and reporting, and targeted evaluation. Crosscutting activities will focus on human resource development, organizational capacity building, community mobilization and advocacy and benefit education. The U.S. Government program will also provide training to build the capacity of organizations and their staff, mobilize communities, conduct advocacy, educate clients about benefits, and renovate training centers.

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